

247739

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013-133-T

COPY
Posted: 10/1
Dept: S.A. / ORS
Date: 11/22/13
Time: 12:58

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Celia K. Sargent

Address:

333 White Creek Road
Georgetown, SC
29440

Telephone:

(843) 833-8233

Fax:

(843) 485-0656

Other:

(843) 240-1642

Email:

alservices29440@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

NOV 22 2013

PSC SC
MAIL / DMS

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DATE: 11/22/13

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____

☒ Class C Non-Emergency # 87167-A

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

RECEIVED

NOV 22 2013

PSC SC
MAIL / DMS
From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☐ **Scope of Authority**
From: Berkeley, Charleston, Florence To: Between Points and Places in
Georgetown, Horry & Williamsburg South Carolina (state wide).
(Current Scope) Counties (New Scope)

☐ **Passenger Limit**
From: _____ To: _____
(Current Limit Number) (New Limit Number)

J & C Mobile, LLC
Name & DBA if DBA is applicable)
Georgetown, SC 29440
(City, State, Zip Code)
(843) 833-8233
(Telephone Number)

PO Box 2401
Georgetown, SC 29442
(Street and/or Mailing Address)
Celia K. Sargent
(Signature)
Owner
(Title) Owner, President, etc.

J & C MOBILE, LLC

Celia K. Sargent, Owner
333 Whites Creek Road
P.O. Box 2401
Georgetown, South Carolina 29442
(843) 240-1642
(843) 485-0656 fax
jiservices@j-c-mobile.com

FAX TRANSMISSION DATA SHEET

TO: Public Service Commission
DATE: 11-22-2013
FAX NUMBER: 803-896-5199
ATTN: Clerk's Office
SUBJECT: _____
NUMBER OF PAGES INCLUDING THIS SHEET: 3

____ Please return requested information by _____
____ Acknowledge receipt and acceptance
☒ For your information
____ Per your request
____ Comments _____

SENDER: Celia K. Sargent